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TO:	FROM:
Name: Mail Stop RCE Group Art Unit 3731/Examiner Uyen Ho	Name: Thomas H. Martin, Esq.
Firm: U.S. Patent & Trademark Office	Phone No.: 330-877-2277
Fax No.: 571-273-8300	No. of Pages (including this): 13
Subject: U.S. Patent Application No. 10/098,683 Gary Karlin Michelson Filed: March 15, 2002 SPINAL IMPLANT CONTAINING BONE MORPHOGENETIC PROTEIN Attorney Docket No. 101.0042-05000 Customer No. 22882 Confirmation No.: 7210	Date: May 3, 2006 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,810.00 total amount to cover the \$1,020 three-month extension fee and \$790 RCE fee is to be charged to Deposit Account No. 50-3726), RCE (Request for Continued Examination), and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on May 3, 2006.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0042-05000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson, M.D.

Serial No: 10/098,683

Filed: March 15, 2002

For: SPINAL IMPLANT CONTAINING BONE
MORPHOGENETIC PROTEIN

Confirmation No.: 7210

Art Unit: 3731

Examiner: Uyen T. Ho

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Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Continued Examination and Amendment in reply to the Office Action of November 25, 2005 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	48	-	50 **	0	LG=\$18 SM=\$9	\$18 \$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$84 SM=\$42	\$84 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$1,810.00 to cover the \$1,020 three-month extension of time fee and \$790 RCE fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: May 3, 2006

By: 
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Transmittal of Amendment DOC